

Staple Issue Slip Here

POSITION	ID NO.	DATE
CLASSIFIER		7 10-6-97
EXAMINER		
TYPIST		
VERIFIER		
CORPS CORR.		
SPEC. HAND		
FILE MAINT.		
DRAFTING		

INDEX OF CLAIMS

Claim	Date
Final Original	12 1 22 20 97 98
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SYMBOLS

Rejected
- (Through number) Allowed
- (Through number) Canceled
+ Restricted
N Non-elected
I Interference
A Appeal
O Objected

Claim	Date
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